

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

Name (print) Nevada Medical Political Action Committee Office (if applicable) _____ District (if applicable) _____
3660 Baker Lane #101 Reno, NV 89509 (775) 825-6788
 Mailing Address (include city and zip code) _____ Telephone No. _____
nsma@nsmadocs.org
 E-Mail Address _____

1PAC 601

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED

☒ **Report #1 — Due August 27, 2002**
 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002
 Office with a 4-year term Period: Dec. 20, 1998 — Aug. 22, 2002
 Office with a 6-year term Period: Dec. 6, 1996 — Aug. 22, 2002
 BAGs only: Period: Dec. 7, 2000 — Aug. 22, 2002

☐ **Report #2 Due — October 29, 2002**
 Period: Aug. 23, 2002 — Oct. 24, 2002

☐ **Report #3 Due — January 15, 2003**
 Period: Oct. 25, 2002 — Jan. 3, 2003
 BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

LL
FILED **CERTIFIED**
AUG 23 2002 **MAIL**
 Secretary of State
 FOR OFFICE USE ONLY

BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any \$ 23,400.00

CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

| | |
|--|--------------|
| 1. Total amount of monetary contributions in excess of \$100 | \$ 62,125.00 |
| 2. Total amount of monetary contributions of \$100 or less | 20,175.00 |
| Actual number of monetary contributions of \$100 or less | 337 |
| 3. Interest and income earned on contributions, if any | 0 |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) | \$ 82,300.00 |
| 5. Total amount of In Kind Contributions | 0 |

EXPENSES SUMMARY

| | |
|---|-------------|
| 6. Total amount of monetary expenses in excess of \$100 | \$69,000.00 |
| 7. Total amount of monetary expenses of \$100 or less | 0 |
| 8. Expense for filing fee | 0 |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) | \$13,300.00 |
| Remaining Balance (Subtract line 9 from 4) | |
| 10. Total amount of In Kind Expenses | 0 |

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Signature Lawrence P. Mathis

8/23/02
 Date Executed On